

# Memorandum of Agreement

## Automated External Defibrillators Purchased and Allocated Under The Rural Access to Emergency Devices Grant Program

**This form must be signed and returned with the application for funding.**

This Memorandum of Agreement is between the Alaska Department of Health and Social Services and \_\_\_\_\_ and sets forth the responsibilities of the agencies within the community partnership with regard to automated external defibrillators purchased and allocated under the Rural Access to Emergency Devices Grant Program.

The Department of Health and Social Services has applied for funding for automated external defibrillators and intends to purchase and provide them directly to local community partnerships in Alaska. The devices provided to the community partnerships become the property and responsibility of the community partnership.

It is expected that the community partnership will:

- ☐ Assume all responsibility for the devices received under this grant program;
- ☐ Use the devices for the purposes set out in the Rural Access to Emergency Devices Grant Program (CFDA: 93.259);
- ☐ Notify the Department of Health and Social Services and the local emergency medical services provider of the initial placement and any relocations of the devices;
- ☐ Properly store the device;
- ☐ Assume responsibility for ensuring that appropriate personnel are properly trained in the use of the devices;
- ☐ Assume responsibility for all maintenance of the devices, as well as for purchasing additional electrodes and batteries; and
- ☐ Provide data on the use of the AEDs purchased through this grant program, either through participation in the statewide EMS electronic data collection project, by submitting data via data collection forms or a data collection web site, on a per-incident basis, or through another mutually agreed upon arrangement.

As an authorized representative of the community partnership submitting the application for automated external defibrillators, I confirm that it is the intent of the community partnership to fulfill the responsibilities listed above.

Signed:

\_\_\_\_\_  
Representative of Community Partnership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name